

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	\						51
2	\						52
3	\						53
4	\						54
5	\						55
6	\						56
7	\						57
8	\						58
9	\						59
10	\						60
11	\						61
12	\						62
13	\						63
14	\						64
15	\						65
16	\						66
17	\						67
18	\						68
19	\						69
20	\						70
21	\						71
22	\						72
23	\						73
24	\						74
25	\						75
26	\						76
27	\						77
28	\						78
29	\						79
30	\						80
31	\						81
32	\						82
33	\						83
34	\						84
35	\						85
36	\						86
37	\						87
38	\						88
39	\						89
40	\						90
41	\						91
42	\						92
43	\						93
44	\						94
45	\						95
46	\						96
47	\						97
48	\						98
49	\						99
50	\						100
TOTAL IND.							TOTAL IND. 9
TOTAL DEP.							TOTAL DEP. 44
TOTAL CLAIMS							TOTAL CLAIMS 53